A. BUILDING _____________________________

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345349

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____________________________

B. WING _____________________________

(X3) DATE SURVEY COMPLETED

C 05/02/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X4) ID PREFIX TAG

(X5) COMPLETION DATE

STREET ADDRESS, CITY, STATE, ZIP CODE

2778 COUNTRY CLUB DRIVE

HAMPSTEAD, NC  28443

NAME OF PROVIDER OR SUPPLIER

WOODBURY WELLNESS CENTER INC

(X6) DATE

05/07/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

05/07/2019

F 000 INITIAL COMMENTS

There were no deficiencies cited as a result of this complaint investigation, Event WT9L11, 05/02/19.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.